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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F68647

1. Corporation Name

C. PAW INVESTMENTS, INC.

Principal Place of Business

 225 N. SECOND STREET
 P O BOX 1321
 PALATKA FL 32178

Mailing Address

 225 N. SECOND STREET
 P O BOX 1321
 PALATKA FL 32178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1982

4. FEI Number

59-2169637

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WEBB, JOSEPH H.
4230 SAN CLERC RD
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Joseph H. Webb - **JOSEPH H. WEBB** **PTD.** **1-8-99**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

 TITLE ☐ DELETE
 NAME **PTD**
 STREET ADDRESS **WEBB, JOSEPH H.**
 CITY-ST-ZIP **4230 SAN CLERC RD**
JACKSONVILLE FL

 TITLE ☐ DELETE
 NAME **VSD**
 STREET ADDRESS **ADKINSON, WILLIAM B.**
 CITY-ST-ZIP **7560 OLD KINGS RD.**
JACKSONVILLE FL

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph H. Webb **JOSEPH H. WEBB**
3-22-99**904-733-8896**